

SECOND REGULAR SESSION

# SENATE BILL NO. 666

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WHITE.

Pre-filed December 1, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

3020S.02I

## AN ACT

To repeal section 208.227, RSMo, and to enact in lieu thereof two new sections relating to antipsychotic drugs.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 208.227, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 208.226 and 208.227, to read as follows:

**208.226. 1. No restrictions to access shall be imposed that preclude availability of any individual antipsychotic medication.**

**2. The provisions of this section shall not prohibit the division from utilizing clinical edits to ensure clinical best practices including, but not limited to:**

**(1) Drug safety and avoidance of harmful drug interactions;**

**(2) Compliance with nationally recognized and juried clinical guidelines from national medical associations using medical evidence and emphasizing best practice principles;**

**(3) Detection of patients receiving prescription drugs from multiple prescribers; and**

**(4) Detection, prevention, and treatment of substance use disorders.**

**3. The division shall issue a provider update no less than twice annually to enumerate treatment and utilization principles for MO HealthNet providers including, but not limited to:**

**(1) Treatment with antipsychotic drugs, as with any other form of treatment, should be individualized in order to optimize the patient's**

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

19 recovery and stability;

20 (2) Treatment with antipsychotic drugs should be as effective,  
21 safe, and well-tolerated as supported by best medical evidence;

22 (3) Treatment with antipsychotic drugs should consider the  
23 individual patient's needs, preferences, and vulnerabilities;

24 (4) Treatment with antipsychotic drugs should support an  
25 improved quality of life for the patient; and

26 (5) Treatment choices should be informed by the best current  
27 medical evidence and should be updated consistent with evolving  
28 nationally recognized best practice guidelines.

29 4. If the division implements any new policy or clinical edit for  
30 an antipsychotic drug, the division shall continue to allow MO  
31 HealthNet participants access to any antipsychotic drug that they  
32 utilize and on which they are stable or that they have successfully  
33 utilized previously. The division may recommend a resource list with  
34 no restrictions to access.

208.227. 1. [No restrictions to access shall be imposed that preclude  
2 availability of any individual atypical antipsychotic monotherapy for the  
3 treatment of schizophrenia, bipolar disorder, or psychosis associated with severe  
4 depression.] The division shall establish a pharmaceutical case management or  
5 polypharmacy program for high risk MO HealthNet participants with numerous  
6 or multiple prescribed drugs. The division shall also establish a behavioral  
7 health pharmacy and opioid surveillance program to encourage the use of best  
8 medical evidence-supported prescription practices. The division shall  
9 communicate with providers, as such term is defined in section 208.164, whose  
10 prescribing practices deviate from or do not otherwise utilize best medical  
11 evidence-supported prescription practices. The communication may be telemetric,  
12 written, oral, or some combination thereof. These programs shall be established  
13 and administered through processes established and supported under a  
14 memorandum of understanding between the department of mental health and the  
15 department of social services, or their successor entities.

16 2. The provisions of this section shall not prohibit the division from  
17 utilizing clinical edits to ensure clinical best practices including, but not limited  
18 to:

19 (1) Drug safety and avoidance of harmful drug interactions;

20 (2) Compliance with nationally recognized and juried clinical guidelines

21 from national medical associations using medical evidence and emphasizing best  
22 practice principles;

23 (3) Detection of patients receiving prescription drugs from multiple  
24 prescribers; and

25 (4) Detection, prevention, and treatment of substance use disorders.

26 3. [The division shall issue a provider update no less than twice annually  
27 to enumerate treatment and utilization principles for MO HealthNet providers  
28 including, but not limited to:

29 (1) Treatment with antipsychotic drugs, as with any other form of  
30 treatment, should be individualized in order to optimize the patient's recovery  
31 and stability;

32 (2) Treatment with antipsychotic drugs should be as effective, safe, and  
33 well-tolerated as supported by best medical evidence;

34 (3) Treatment with antipsychotic drugs should consider the individual  
35 patient's needs, preferences, and vulnerabilities;

36 (4) Treatment with antipsychotic drugs should support an improved  
37 quality of life for the patient;

38 (5) Treatment choices should be informed by the best current medical  
39 evidence and should be updated consistent with evolving nationally recognized  
40 best practice guidelines; and

41 (6) Cost considerations in the context of best practices, efficacy, and  
42 patient response to adverse drug reactions should guide antipsychotic medication  
43 policy and selection once the preceding principles have been maximally achieved.

44 4. If the division implements any new policy or clinical edit for an  
45 antipsychotic drug, the division shall continue to allow MO HealthNet  
46 participants access to any antipsychotic drug that they utilize and on which they  
47 are stable or that they have successfully utilized previously. The division shall  
48 adhere to the following:

49 (1) If an antipsychotic drug listed as "nonpreferred" is considered  
50 clinically appropriate for an individual patient based on the patient's previous  
51 response to the drug or other medical considerations, prior authorization  
52 procedures, as such term is defined in section 208.164, shall be simple and  
53 flexible;

54 (2) If an antipsychotic drug listed as "nonpreferred" is known or found to  
55 be safe and effective for a given individual, the division shall not restrict the  
56 patient's access to that drug. Such nonpreferred drug shall, for that patient only

57 and if that patient has been reasonably adherent to the prescribed therapy, be  
58 considered "preferred" in order to minimize the risk of relapse and to support  
59 continuity of care for the patient;

60 (3) A patient shall not be required to change antipsychotic drugs due to  
61 changes in medication management policy, prior authorization, or a change in the  
62 payor responsible for the benefit; and

63 (4) Patients transferring from state psychiatric hospitals to  
64 community-based settings, including patients previously found to be not guilty of  
65 a criminal offense by reason of insanity or who have previously been found to be  
66 incompetent to stand trial, shall be permitted to continue the medication regimen  
67 that aided the stability and recovery so that such patient was able to successfully  
68 transition to the community-based setting.

69 5. The division's medication policy and clinical edits shall provide MO  
70 HealthNet participants initial access to multiple Food and Drug  
71 Administration-approved antipsychotic drugs that have substantially the same  
72 clinical differences and adverse effects that are predictable across individual  
73 patients and whose manufacturers have entered into a federal rebate agreement  
74 with the Department of Health and Human Services. Clinical differences may  
75 include, but not be limited to, weight gain, extrapyramidal side effects, sedation,  
76 susceptibility to metabolic syndrome, other substantial adverse effects, the  
77 availability of long-acting formulations, and proven efficacy in the treatment of  
78 psychosis. The available drugs for an individual patient shall include, but not be  
79 limited to, the following categories:

80 (1) At least one relatively weight-neutral atypical antipsychotic  
81 medication;

82 (2) At least one long-acting injectable formulation of an atypical  
83 antipsychotic;

84 (3) Clozapine;

85 (4) At least one atypical antipsychotic medication with relatively potent  
86 sedative effects;

87 (5) At least one medium-potency typical antipsychotic medication;

88 (6) At least one long-acting injectable formulation of a high-potency  
89 typical antipsychotic medication;

90 (7) At least one high-potency typical antipsychotic medication; and

91 (8) At least one low-potency typical antipsychotic medication.

92 6. Nothing in subsection 5 of this section shall be construed to require any

93 of the following:

94 (1) Step therapy or a trial of a typical antipsychotic drug before  
95 permitting a patient access to an atypical drug or antipsychotic medication;

96 (2) A limit of one atypical antipsychotic drug as an open-access,  
97 first-choice agent; or

98 (3) A trial of one of the eight categories of drugs listed in subsection 5 of  
99 this section before having access to the other seven categories.

100 7.] The department of social services may promulgate rules and  
101 regulations to implement the provisions of this section. Any rule or portion of a  
102 rule, as that term is defined in section 536.010, that is created under the  
103 authority delegated in this section shall become effective only if it complies with  
104 and is subject to all of the provisions of chapter 536 and, if applicable, section  
105 536.028. This section and chapter 536 are nonseverable and if any of the powers  
106 vested with the general assembly pursuant to chapter 536 to review, to delay the  
107 effective date, or to disapprove and annul a rule are subsequently held  
108 unconstitutional, then the grant of rulemaking authority and any rule proposed  
109 or adopted after August 28, 2017, shall be invalid and void.

110 [8.] 4. The department shall submit such state plan amendments and  
111 waivers to the Centers for Medicare and Medicaid Services of the federal  
112 Department of Health and Human Services as the department determines are  
113 necessary to implement the provisions of this section.

114 [9. As used in this section, the following terms mean:

115 (1) "Division", the MO HealthNet division of the department of social  
116 services;

117 (2) "Reasonably adherent", a patient's adherence to taking medication on  
118 a prescribed schedule as measured by a medication position ratio of at least  
119 seventy-five percent;

120 (3) "Successfully utilized previously", a drug or drug regimen's provision  
121 of clinical stability in treating a patient's symptoms.]

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